



Medical PA Criteria Proposal

Medical Procedure Class:	MRI Chest
Date:	July 17, 2006
Prepared for:	Missouri Medicaid
Prepared by:	ACS-Heritage Information Systems, Inc.

☒ **New Criteria**

☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	To encourage more appropriate utilization and resource management of costly diagnostic imaging studies, in this case magnetic resonance imaging of the chest.
Why was this Issue Selected:	<p>An analysis of Missouri Medicaid claims data has identified imaging of the chest as one of the most highly utilized diagnostic imaging exams performed. From Oct 2004-Sept 2005, the State spent over \$68,000 for over 260 of these high cost, high-test studies. The results of utilization management programs have suggested that a meaningful percentage of such exams are ordered inappropriately due to any of the following:</p> <ul style="list-style-type: none">• The absence of appropriate clinical indications, e.g. established diagnoses or signs and symptoms• The absence of initial and appropriate screening exams, e.g. prior Chest X-ray• Layering and redundancy of prior and recent definitive exams, CT, MRI or otherwise

Procedures subject to Pre-Certification	<ul style="list-style-type: none"> • 71550 Magnetic resonance (eg, proton) imaging, chest; without contrast material(s) • 71551 Magnetic resonance (eg, proton) imaging, chest; with contrast material(s) • 71552 Magnetic resonance (eg, proton) imaging, chest; without contrast material(s) followed by contrast material(s) and further sequences • 71555 Magnetic resonance angiography, chest (excluding myocardium) with or without contrast material(s)
--	---

Setting & Population:	All Medicaid fee-for-service patients
----------------------------------	---------------------------------------

Type of Criteria:	<input type="checkbox"/> Increased risk of ADE <input type="checkbox"/> Appropriate Indications	<input checked="" type="checkbox"/> Non-Preferred Agent <input type="checkbox"/>
--------------------------	--	---

Data Sources:	<input type="checkbox"/> Only administrative databases	<input checked="" type="checkbox"/> Databases + Prescriber-supplied
----------------------	--	---

Setting & Population

- Procedure Group for review: Magnetic Resonance Imaging Chest
- Age range: All patients

Approval Criteria

- Diagnosis of Pneumonia with > 4 weeks of antibiotic therapy
- Pulmonary Embolus, Hemoptysis or Superior Vena Cava Syndrome without history of MRI Chest in previous 6 weeks
- Diagnosis of Suspected or known tumor
- Documented Lung Screening
- Documented Calcium scoring of heart
- Emergency/Trauma claims and Inpatient claims will not require above criteria

Denial Criteria

- History of MRI Scan of chest in previous 60 days
- Absence of Chest X-Ray in previous 30 days
- Absence of Antibiotic therapy with diagnosis of Pneumonia
- Previous MRI Scan of chest with diagnosis of Pulmonary Embolus, Hemoptysis or Superior Vena Cava Syndrome
- Absence of Tumor and no history of Lung Cancer Screening or Calcium scoring of heart